Rhode Island Executive Office of Health and Human Services
3 West Road, Virks Building, Cranston, RI 02920

Responses to Public Comments: Proposed Medicaid State Plan Amendment (SPA) for Community Health Worker (CHW) Services

Public Comment Period: June 29, 2021 – August 20, 2021

Category	Nature of the Comments	EOHHS' Response
Reimbursement Rates **8 related** comments	1. The proposed rate is "grossly inadequate" to cover the costs associated with Community Health Workers (CHW)s. EOHHS should take the following action to rectify the inadequacy of the rate: • Contract with a third party to determine an adequate rate. • Expand the scope of reimbursable services • Build flexibility into the rate to increase to ensure network adequacy • Support CHW programs/services indirectly with other reimbursement sources in Medicaid that are connected to CHW services. 2. The CHW organizations will not be able to cover the cost of the CHW workforce at a rate that is approximately $48.50 per hour. In comparison, Medicaid pays $70 per hour ($17.48 per 15-minute unit) for ECI services and $54 per hour (13.50 per 15-minute unit) for Peer Recovery Support Services. 3. The estimated cost per 15-minute unit of service is $27.77. The proposed rate creates a deficit in each category of reimbursement: • Individuals: A deficit of $15.64 per unit • Groups 2-5: A deficit of $20.83 per unit • Groups 6+: A deficit of $18.65 per unit 4. The total cost for an organization to employ and support a CHW approximately ranges from $85,000-$95,000 per year (or about $45 per hour cost). Community-Based Organizations (CBOs). CBOs will not be able to cover costs under the proposed rate amount and structure. 5. The proposed rates will not cover current costs unless 55%-77% of a CHW's hours are billable in a given year. This is an unrealistically high threshold. 6. the following language should be added to the rate increase section of the proposed SPA: "*Nothing herein limits the agency's ability to increase reimbursement rates in greater amounts, and/or to fund CHW services in other ways".* 7. If the EOHHS rate already accounts for CHW travel and outreach that would result in a lower effectual rate and will not cover employer costs. EOHHS should allow separate reimbursement for travel and outreach. EOHHS should specify a maximum time period for travel that can be covered under the rate and allow retroactive reimbursement for outreach services that result in a new patient receiving CHW services. 8. The proposed rate does not consider the following indirect costs to a CHW provider organization of support and management of CHW providers and services.	EOHHS published a proposed CHW services State Plan Amendment SPA on June 29, 2021 to implement Medicaid reimbursement for CHW services at the following rates: • $12.13 for 15-minute units of service for individuals • $3.47 for 15-minute units of service for groups of 2-5 patients • $1.52 for 15-minute units of service for groups of 6 or more patients EOHHS has taken into consideration the public comments received that the rates for individuals and group services is too low and not sustainable for providers. Based upon further rate analysis EOHHS agrees that the rate should be increased to ensure that the legislative directives to EOHHS to establish CHW services does improve health outcomes, increase access to care, and reduce healthcare costs. EOHHS proposes the following revised rates to address concerns received from public comment: • $15.76 for 15-minute units of service for individuals (new patients) • $12.12 for 15-minute units of service for individuals (established patients) • $4.44 for 15-minute units of service for groups of 2 or more patients EOHHS has been very sensitive to CHW provider costs shared by public comment since these costs currently do not exist in the Medicaid program. EOHHS will revise the rate to more adequality cover provider costs reflected in the public comments received. EOHHS did take the suggestion from public comment to compare the proposed CHW rate with the rate for Peer Recovery Support Services. EOHHS did account for travel and general overhead administrative costs into the proposed rate. EOHHS has re-evaluated the rate based upon public comment and additional rate analysis. EOHHS will seek to raise the rate to better cover travel and other administrative costs. The State Fiscal Year (SFY) 22 budget did not assume savings or a return on investment for SFY 22 from CHW services. EOHHS does not disagree that CHW services has the potential to create savings in the Medicaid program however these savings are hard to quantify until actual services have been established and provided. EOHHS will monitor and track both the fiscal and quality implications of adding CHW services in Medicaid. EOHHS agrees that an insufficient rate to establish CHW services in Medicaid would be determinantal to reducing health inequalities in low-income communities and communities of color. EOHHS will revise the current proposed rate to better ensure health inequalities are addressed and network adequacy of CHW services in low-income communities and communities of color.

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	9. The proposed rate creates an operational concern for the Accountable Entities (AE) program if CBO partners and the CHW workforce cannot be sustained by the proposed rate, especially in terms of addressing social determinants of health. 10. CHW rate setting represents an opportunity to improve health equity in underserved and disadvantaged low income communities and communities of color. An insufficient rate could perpetrate health inequities in these communities. 11. The Medicaid Return on Investment (ROI) is $2.47 for every $1 spent on CHW services. Increasing the reimbursement rate will increase the ROI and savings to Medicaid.	
Provider Qualifications and Billing **6 related** comments	12. EOHHS should revise the proposed SPA requirement from an eighteen (18) month maximum allowance to achieve certification to "within eighteen (18)- twenty-four (24) months" The employer-approved plan for working toward RI certification to be achieved within 18 months is a best-case scenario and should be extended. Many factors may push certification beyond 18 months 13. Revise the provider billing qualifications for non-certified CHWs to say "If not yet certified, works at an employer with a plan to for working towards RI CHW certification within 18-24 months" 14. The propose SPA language does not specify any qualifications for organizations that will bill for CHW services, only individual providers. Will there be a fee or organizational certification process similar to the Certified Peer Recovery Specialist billing requirements? 15. EOHHS should clarify if the billing provider can be the organization providing the CHW service or can the CHW individual working for a CBO that is not a Medicaid provider contract with the Medicaid provider organization. Currently the provider qualification section only lists providers as CHW individual providers. 16. EOHHS should clarify if "travel time" and "time spent conducting outreach to a new patient" can be billed separately at the proposed rate or if the proposed rate already includes travel time and patient outreach. It is strongly recommended that CHWs be allowed a separate reimbursement for travel time and patient outreach. If not allowed separate reimbursement for travel and outreach, providers that deploy CHWs for community and home visits will be disadvantaged. 17. EOHHS should clarify if the billing amount per day is based upon the service time per individual CHW provider or per individual beneficiary. 18. The billing limitation of 12 units per day is too restrictive/low for CHW roles, responsibilities and the time associated with daily activities. 19. EOHHS should clarify specifically what types of "collateral services" are billable.	EOHHS worked extensively with stakeholders to establish the 18-month certification timeframe as a reasonable time to achieve CHW certification. The time allowed for pre-certification billing, is intended to ensure that new CHW providers do not face barriers that prevent their entry into the field. However, EOHHS must also ensure the quality and integrity of the Medicaid program. CHW services should be provided by a fully trained and qualified workforce. EOHHS believes that 18 months is an appropriate and reasonable timeframe to balance these priorities. Similar to an individual provider, an organization would have to enroll as a CHW Medicaid provider. This process will be the same as the existing Medicaid provider enrollment process. There is currently not a "CHW organizational certification process" required for an organization to become a Medicaid provider and offer CHW services. The SPA indicates that Medicaid providers, a term that includes organizations (e.g., medical practices and hospitals) as well as individuals, may bill for CHW services rendered by CHWs who meet the requirements listed in the SPA. Therefore, the SPA does not restrict billing activity to individual CHWs. In addition, a Medicaid provider may contract with a community-based organization (CBO) that is not a Medicaid provider to provide CHW services as long as the individual CHWs meet the requirements listed in the SPA. In this situation, the Medicaid provider would conduct the billing for the services. The rate is inclusive of travel and outreach, which means that travel and outreach time cannot be billed separately. EOHHS has in the past allowed outreach time to be separately reimbursed, but this was ended due to abuse (i.e., excessive billing). The rate accounts for 20% of a CHW's time being spent on non-billable services and also includes an additional 20% for administrative and overhead expenses. The billing limit per day is a limit per individual beneficiary. EOHHS believes that three hours is an appropriate maximum amount of time to bill per beneficiary per day. EOHHS could set up a prior authorization process for extraordinary circumstances. Other providers in Medicaid are not allowed to bill for educational services or trainings.

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		EOHHS will add a definition of "collateral services" and indicate which CHW services can be delivered in this manner (i.e., which can be delivered on behalf of a beneficiary but not with direct contact with the beneficiary).
Payment Methodology **<u>3 related</u>** comments	20. Revise the proposed SPA payment methodology language to add the following: (requested change in **bold**): *Service time billed must be for either direct contact with a member or for collateral services on an individual basis. Rates established are inclusive of travel time and time spent conducting outreach to a new patient not yet receiving any CHW service* ***or for collateral services on an eligible individual's behalf, including contacting or corresponding with third parties, transportation to or from home or community visits with the patient, conducting research, conducting outreach activities that resulted in engaging with a patient, receiving support from a supervisor, and/or providing support to a supervisee.*** 21. The tiered rate structure creates an odd incentive to serve fewer individuals. Group sessions require more cost and coordination to conduct. Many evidence-based programs require two co-facilitators and can exceed ten (10) or more participants. The estimated costs for a group evidenced based chronic disease self-management program is $350 per participant. The proposed rate would only provide total reimbursement at approximately $90 per participant at the $1.52 group rate. 22. The group rate structure should be based upon the amount time the CHW provider spent supporting the group of participants. 23. If the group rate structure must be based on a per-participant basis, it should be structured like the Medicaid Peer Recovery Support group session rate. 24. EOHHS should "unwrap" or the payment methodology so that payment for different CHW activities is more transparent. This will improve data analysis of CHW services provided and better inform future rate setting.	EOHHS agrees with the comment to include "collateral services". EOHHS will add language to the proposed state plan amendment to clarify the definition of collateral services and identified the services that can be delivered in this manner. The tiered rate structure proposed by EOHHS is the same tiered rate structured used by other states with CHW services in Medicaid. EOHHS agrees that the group rate should be higher based upon a review of CHW services state rates and public comment received on the group rate. The group rate was set up in 15-minute billable increments to provide maximum flexibility for providers to work with individuals in a group setting for the appropriate amount of time to provide CHW services. EOHHS believes that setting different payment amounts for different CHW activities would be administratively burdensome for billing providers and potentially create unintentional incentives for CHWs and CHW employers to prioritize certain activities over others. EOHHS agrees that having different codes for different types of CHW activities could yield more data about CHW activities and will explore options for this. However, the value of that data must be weighed against the administrative cost of CHWs having to indicate their exact activities for billing purposes (rather than with a focus on patient-centered notes) and of billing staff having to spend time selecting the correct codes.
Beneficiary Eligibility for CHW Services **<u>3 related</u>** comments	25. Add "Chronic pain-self management" and "Chronic disease self-management" to the list of Health Promotion and Coaching and Health Education and Training Topics as proposed in the SPA. 26. EOHHS should specify what types of services are "collateral services" in the proposed SPA. 27. EOHHS should consider including an additional beneficiary eligibility criteria for CHW services. The additional criteria language should read: *"Expressed need for support in health system navigation or resource of coordination of services".*	EOHHS agrees that these are appropriate topics for CHW health promotion, coaching, and health education and training and has added them to the list in the State Plan pages. Note, however, that the list of topics is specifically written not to be exhaustive. The following can be delivered as a collateral service rather than through direct contact with the member: 1. Member assessment as part of health promotion and coaching 2. Health system navigation and resource coordination, including: a. Helping a member find Medicaid providers to receive a covered service b. Helping a member make and keep an appointment for a Medicaid covered service c. Arranging transportation to a medical appointment d. Helping a member find and access other relevant community resources.

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		3. Care planning with a member's interdisciplinary care team as part of a team-based, person-centered approach to improve members' health by meeting a member's situational health needs and health-related social needs, including time-limited episodes of instability and ongoing secondary and tertiary prevention for members with chronic condition management needs. EOHHS agrees that if a member asks for help navigating the health system and/or coordinating resources, this is a strong indicator of medical necessity. EOHHS has added this to the list of circumstances indicating that the member meets the medical necessity criteria.
Non-Fee for Service Models **2 related** comment	29. Add a flat-dollar or draw down grants for CBOs to serve a set number of Medicaid clients (i.e. a global payment). The billing requirements for Fee-for-Service (FFS) in Medicaid can be burdensome and less efficient for smaller providers. 30. Provide start up and/or infrastructure grants to supplement FFS service revenue to help build the CHW provider base and ensure financial sustainability while providers are building client volume.	EOHHS believes that given that CHW services are a new service with new providers, it is most appropriate to begin with a fee for service payment methodology. A flat dollar amount or any other type of bundled payment arrangement would require provider billing and client utilization data currently not available to EOHHS. EOHHS will provide provider training, education and technical support to reduce administrative concerns and burdens experienced by CHW providers. While EOHHS acknowledges that new providers may have startup costs or new costs associated with providing CHW services, EOHHS does not have the authority to use Medicaid funds at this time for the purpose requested.
General Support **8 related** comment	31. Support for the inclusion of CHW services as a Medicaid benefit/service. 32. Support for the EOHHS proposed SPA.	EOHHS agrees that CHW services will enhance and improve health outcomes and equity in the Medicaid program.